

- 19.30(523A,523E) Termination of business—records
- 19.31(523A,523E) Records
- 19.32(523A,523E) Annual reports
- 19.33 to 19.39 Reserved
- 19.40(523A,523E) Trust funds
- 19.41(523A,523E) Trust instruments
- 19.42(523A,523E) Investment of trust funds
- 19.43(523A,523E) Burial accounts
- 19.44(523A,523E) Delivered or warehoused merchandise
- 19.45 Reserved
- 19.46(523A,523E) Insurance funding
- 19.47 to 19.49 Reserved
- 19.50(523A,523E) Orders
- 19.51(523A,523E) Investigations and subpoenas
- 19.52(523A,523E) Audits
- 19.53 to 19.59 Reserved
- RULES THAT APPLY ONLY TO IOWA CODE CHAPTER 523A
- 19.60(523A) Consumer price index adjustment
- 19.61 to 19.69 Reserved
- RULES THAT APPLY ONLY TO IOWA CODE CHAPTER 523E
- 19.70(523E) Funds deposited at financial institutions
- 19.71(523E) Warehoused cemetery merchandise

PROPERTY AND CASUALTY INSURANCE

CHAPTER 20

PROPERTY AND CASUALTY INSURANCE RATE AND FORM FILING PROCEDURES

- 20.1(515,515A,515C,518,518A,520) General requirements
- 20.2(515,515A,515C,518,518A,520) Filing synopsis
- 20.3(515,515A,515C,518,518A,520) Letter of transmittal
- 20.4(515,515C,518,518A,520) Policy form filing
- 20.5(515A) Rate or manual rule filing
- 20.6(515A) Exemption from filing requirement
- 20.7(515E) Risk retention and purchasing groups
- 20.8(515A) Rate filings for crop-hail insurance
- 20.9(515F) Licensing advisory organization
- 20.10(515F) Exemptions
- 20.11(515) Exemption from form and rate filing requirements

- 20.12(515,515F) Use of credit history in underwriting and making of rates for personal automobile and homeowners policies

CHAPTER 21

SURPLUS LINES REQUIREMENTS

- 21.1(515) Definitions
- 21.2(515) Nonadmitted insurer's duties
- 21.3(515) Producers' duties
- 21.4(515) Producers' duty to insured; evidence of coverage
- 21.5(515) Procedures for qualification as a nonadmitted insurer
- 21.6(515) Risk retention groups

CHAPTER 22

FINANCIAL GUARANTY INSURANCE

- 22.1(515C) Definitions
- 22.2(515) Financial requirements and reserves

CHAPTER 23

MOTOR VEHICLE SERVICE CONTRACTS

- 23.1(516E) Purpose
- 23.2(516E) Applicability and scope
- 23.3(516E) Application of insurance laws
- 23.4(516E) Administration
- 23.5(516E) Public access to hearings
- 23.6(516E) Public access to records
- 23.7(516E) Filing procedures
- 23.8(516E) Fees
- 23.9(516E) Forms
- 23.10(516E) Prohibited acts—unfair discrimination or trade practices
- 23.11(516E) Prohibited acts—unfair or deceptive trade practices involving used or rebuilt parts
- 23.12(516E) Violations
- 23.13(516E) Procedures for public complaints

CHAPTER 24

IOWA RETIREMENT FACILITIES

- 24.1(523D) Purpose
- 24.2(523D) Title
- 24.3(523D) Definitions
- 24.4(523D) Administration
- 24.5(523D) Misrepresentations
- 24.6(523D) Complaints
- 24.7(523D) Address for filings
- 24.8(523D) Fees
- 24.9(523D) Forms
- 24.10(523D) Financial statements, studies, and forecasts

24.11(523D) Amendments to the disclosure statement

24.12(523D) Standards for the disclosure statement

CHAPTERS 25 and 26

Reserved

CHAPTER 27

PREFERRED PROVIDER

ARRANGEMENTS

27.1(514F) Purpose

27.2(514F) Definitions

27.3(514F) Preferred provider arrangements

27.4(514F) Health benefit plans

27.5(514F) Preferred provider participation requirements

27.6(514F) General requirements

27.7(514F) Civil penalties

27.8(514F) Health care insurer requirements

CHAPTER 28

CREDIT LIFE AND CREDIT ACCIDENT AND HEALTH INSURANCE

28.1(509) Purpose

28.2(509) Definitions

28.3(509) Rights and treatment of debtors

28.4(509) Policy forms and related material

28.5(509) Determination of reasonableness of benefits in relation to premium charge

28.6 Reserved

28.7(509) Credit life insurance rates

28.8(509) Credit accident and health insurance

28.9(509) Refund formulas

28.10(509) Experience reports and adjustment of prima facie rates

28.11(509) Use of rates—direct business only

28.12(509) Supervision of credit insurance operations

28.13(509) Prohibited transactions

28.14(509) Disclosure and readability

28.15(509) Severability

28.16(509) Effective date

28.17(509) Fifteen-day free examination

CHAPTER 29

CONTINUATION RIGHTS UNDER GROUP ACCIDENT AND HEALTH INSURANCE POLICIES

29.1(509B) Definitions

29.2(509B) Notice regarding continuation rights

29.3(509B) Qualifying events for continuation rights

29.4(509B) Interplay between chapter 509B and COBRA

29.5(509B) Effective date for compliance

LIFE AND HEALTH INSURANCE

CHAPTER 30

LIFE INSURANCE POLICIES

30.1(508) Purpose

30.2(508) Scope

30.3(508) Definitions

30.4(508) Prohibitions, regulations and disclosure requirements

30.5(508) General filing requirements

30.6(508) Backdating of life policies

30.7(508,515) Expiration date of policy vs. charter expiration date

30.8(509) Electronic delivery of group life insurance certificates

CHAPTER 31

LIFE INSURANCE COMPANIES—VARIABLE ANNUITIES CONTRACTS

31.1(508) Definitions

31.2(508) Insurance company qualifications

31.3(508) Filing, policy forms and provision

31.4(508) Separate account or accounts and investments

31.5(508) Required reports

31.6 Reserved

31.7(508) Foreign companies

CHAPTER 32

DEPOSITS BY A DOMESTIC LIFE COMPANY IN A CUSTODIAN BANK OR CLEARING CORPORATION

32.1(508) Purpose

32.2(508) Definitions

32.3(508) Requirements upon custodial account and custodial agreement

32.4(508) Requirements upon custodians

32.5(508,511) Deposit of securities

CHAPTER 33

VARIABLE LIFE INSURANCE MODEL REGULATION

33.1(508A) Authority

33.2(508A) Definitions

33.3(508A) Qualification of insurer to issue variable life insurance

33.4(508A) Insurance policy requirements

- 33.5(508A) Reserve liabilities for variable life insurance
- 33.6(508A) Separate accounts
- 33.7(508A) Information furnished to applicants
- 33.8(508A) Applications
- 33.9(508A) Reports to policyholders
- 33.10(508A) Foreign companies
- 33.11 Reserved
- 33.12(508A) Separability article

CHAPTER 34 NONPROFIT HEALTH SERVICE CORPORATIONS

- 34.1(514) Purpose
- 34.2(514) Definitions
- 34.3(514) Annual report requirements
- 34.4(514) Arbitration
- 34.5(514) Filing requirements
- 34.6(514) Participating hospital contracts
- 34.7(514) Composition, nomination, and election of board of directors

CHAPTER 35 ACCIDENT AND HEALTH INSURANCE

- 35.1(509) Purpose
- 35.2(509) Scope
- 35.3(509) Definitions
- 35.4(509) Required provisions
- 35.5(509) Application and certificates not required
- 35.6(509) Facility of payment
- 35.7(509) General filing requirements
- 35.8(509) Electronic delivery of accident and health group insurance certificates
- 35.9 to 35.19 Reserved
- 35.20(509A) Life and health self-funded plans
- 35.21(509) Review of certificates issued under group policies

LARGE GROUP HEALTH INSURANCE COVERAGE

- 35.22(509) Purpose
- 35.23(509) Definitions
- 35.24(509) Eligibility to enroll
- 35.25(509) Special enrollments
- 35.26(509) Group health insurance coverage policy requirements
- 35.27(509) Methods of counting creditable coverage
- 35.28(509) Certificates of creditable coverage
- 35.29(509) Notification requirements
- 35.30(509) Mental health benefits
- 35.31(509) Disclosure requirements
- 35.32(514C) Treatment options

- 35.33(514C) Emergency services
- 35.34(514C) Provider access
- 35.35(509) Reconstructive surgery
- CONSUMER GUIDE
- 35.36(514K) Purpose
- 35.37(514K) Information filing requirements
- 35.38(514K) Limitation of information published
- 35.39(514C) Contraceptive coverage

CHAPTER 36 INDIVIDUAL ACCIDENT AND HEALTH—MINIMUM STANDARDS

- 36.1(514D) Purpose
- 36.2(514D) Applicability and scope
- 36.3(514D) Effective date
- 36.4(514D) Policy definitions
- 36.5(514D) Prohibited policy provisions
- 36.6(514D) Accident and sickness minimum standards for benefits
- 36.7(514D) Required disclosure provisions
- 36.8(507B) Requirements for replacement
- 36.9(514D) Filing requirements
- 36.10(514D) Loss ratios
- 36.11(514D) Certification
- 36.12(514D) Severability

CHAPTER 37 MEDICARE SUPPLEMENT INSURANCE MINIMUM STANDARDS

- 37.1(514D) Purpose
- 37.2(514D) Applicability and scope
- 37.3(514D) Definitions
- 37.4(514D) Policy definitions and terms
- 37.5(514D) Policy provisions
- 37.6(514D) Minimum benefit standards for policies or certificates issued for delivery prior to January 1, 1992
- 37.7(514D) Benefit standards for policies or certificates issued or delivered on or after January 1, 1992
- 37.8(514D) Standard Medicare supplement benefit plans
- 37.9(514D) Medicare Select policies and certificates
- 37.10(514D) Open enrollment
- 37.11(514D) Standards for claims payment
- 37.12(514D) Loss ratio standards and refund or credit of premium
- 37.13(514D) Filing and approval of policies and certificates and premium rates
- 37.14(514D) Permitted compensation arrangements
- 37.15(514D) Required disclosure provisions

- 37.16(514D) Requirements for application forms and replacement coverage
- 37.17(514D) Filing requirements for advertising
- 37.18(514D) Standards for marketing
- 37.19(514D) Appropriateness of recommended purchase and excessive insurance
- 37.20(514D) Reporting of multiple policies
- 37.21(514D) Prohibition against preexisting conditions, waiting periods, elimination periods and probationary periods in replacement policies or certificates
- 37.22(514D) Separability
- 37.23(514D) Prohibition against using SHIP prepared materials
- 37.24(514D) Guarantee issue for eligible persons

CHAPTER 38

COORDINATION OF BENEFITS

- 38.1(509,514) Purpose
- 38.2(509,514) Applicability
- 38.3(509,514) Definitions
- 38.4(509,514) Model COB contract provision
- 38.5(509,514) Order of benefits
- 38.6(509,514) Reduction in a plan's benefits when it is secondary—general
- 38.7(509,514) Reasonable cash value of services
- 38.8(509,514) Excess and other nonconforming provisions
- 38.9(509,514) Allowable expense
- 38.10(509,514) Subrogation
- 38.11(509,514) Effective date—existing contracts

CHAPTER 39

LONG-TERM CARE INSURANCE

- 39.1(514G) Purpose
- 39.2(514G) Authority
- 39.3(514G) Applicability and scope
- 39.4(514G) Definitions
- 39.5(514G) Policy definitions
- 39.6(514G) Policy practices and provisions
- 39.7(514G) Required disclosure provisions
- 39.8(514G) Prohibition against postclaims underwriting

- 39.9(514D,514G) Minimum standards for home health care benefits in long-term care insurance policies
- 39.10(514D,514G) Requirement to offer inflation protection
- 39.11(514D,514G) Requirements for application forms and replacement coverage
- 39.12(514G) Reserve standards
- 39.13(514D) Loss ratio
- 39.14(514G) Filing requirement
- 39.15(514D,514G) Standards for marketing
- 39.16(514D,514G) Suitability
- 39.17(514G) Prohibition against preexisting conditions and probationary periods in replacement policies or certificates
- 39.18(514G) Standard format outline of coverage
- 39.19(514G) Requirement to deliver shopper's guide
- 39.20(514G) Policy summary and delivery of life insurance policies with long-term care riders
- 39.21(514G) Reporting requirement for long-term care benefits funded through life insurance by acceleration of the death benefit
- 39.22(514G) Unintentional lapse
- 39.23(514G) Denial of claims
- 39.24(514G) Incontestability period
- 39.25(514G) Required disclosure of rating practices to consumers
- 39.26(514G) Initial filing requirements
- 39.27(514G) Reporting requirements
- 39.28(514G) Premium rate schedule increases
- 39.29(514G) Nonforfeiture
- 39.30(514G) Standards for benefit triggers
- 39.31(514G) Additional standards for benefit triggers for qualified long-term care insurance contracts
- 39.32(514G) Penalties

CHAPTER 40

HEALTH MAINTENANCE ORGANIZATIONS

(HEALTH AND INSURANCE—JOINT RULES)

- 40.1(514B) Definitions
- 40.2(514B) Application
- 40.3(514B) Inspection of evidence of coverage
- 40.4(514B) Governing body and enrollee representation
- 40.5(514B) Quality of care
- 40.6(514B) Change of name

40.7(514B) Change of ownership	
40.8(514B) Termination of services	
40.9(514B) Complaints	
40.10(514B) Cancellation of enrollees	
40.11(514B) Application for certificate of authority	
40.12(514B) Net worth	
40.13(514B) Fidelity bond	
40.14(514B) Annual report	
40.15(514B) Cash or asset management agreements	
40.16 Reserved	
40.17(514B) Reinsurance	
40.18(514B) Provider contracts	
40.19(514B) Producers' duties	
40.20(514B) Emergency services	
40.21(514B) Reimbursement	
40.22(514B) Health maintenance organization requirements	
40.23(514B) Disclosure requirements	
40.24(514B) Provider access	
CHAPTER 41	
LIMITED SERVICE ORGANIZATIONS	
41.1(514B) Definitions	
41.2(514B) Application	
41.3(514B) Inspection of evidence of coverage	
41.4(514B) Governing body and enrollee representation	
41.5(514B) Quality of care	
41.6(514B) Change of name	
41.7(514B) Change of ownership	
41.8(514B) Complaints	
41.9(514B) Cancellation of enrollees	
41.10(514B) Application for certificate of authority	
41.11(514B) Net equity and deposit requirements	
41.12(514B) Fidelity bond	
41.13(514B) Annual report	
41.14(514B) Cash or asset management agreements	
41.15(514B) Reinsurance	
41.16(514B) Provider contracts	
41.17(514B) Producers' duties	
41.18(514B) Emergency services	
41.19(514B) Reimbursement	
41.20(514B) Limited service organization requirements	
41.21(514B) Disclosure requirements	
CHAPTER 42	
GENDER-BLENDED MINIMUM NONFORFEITURE STANDARDS FOR LIFE INSURANCE	
42.1(508) Purpose	
42.2(508) Definitions	
42.3(508) Use of gender-blended mortality tables	
42.4(508) Unfair discrimination	
42.5(508) Separability	
CHAPTER 43	
ANNUITY MORTALITY TABLES FOR USE IN DETERMINING RESERVE LIABILITIES FOR ANNUITIES	
43.1(508) Purpose	
43.2(508) Definitions	
43.3(508) Individual annuity or pure endowment contracts	
43.4(508) Group annuity or pure endowment contracts	
43.5(508) Application of the 1994 GAR Table	
43.6(508) Separability	
CHAPTER 44	
SMOKER/NONSMOKER MORTALITY TABLES FOR USE IN DETERMINING MINIMUM RESERVE LIABILITIES AND NONFORFEITURE BENEFITS	
44.1(508) Purpose	
44.2(508) Definitions	
44.3(508) Alternate tables	
44.4(508) Conditions	
44.5(508) Separability	
INSURANCE HOLDING COMPANY SYSTEMS	
CHAPTER 45	
INSURANCE HOLDING COMPANY SYSTEMS	
45.1(521A) Purpose	
45.2(521A) Definitions	
45.3(521A) Subsidiaries of domestic insurers	
45.4(521A) Control acquisition of domestic insurer	
45.5(521A) Registration of insurers	
45.6(521A) Alternative and consolidated registrations	
45.7(521A) Exemptions	
45.8(521A) Disclaimers and termination of registration	
45.9(521A) Transactions subject to prior notice—notice filing	

45.10(521A) Extraordinary dividends and other distributions

CHAPTER 46

MUTUAL HOLDING COMPANIES

- 46.1(521A) Purpose
- 46.2(521A) Definitions
- 46.3(521A) Application—contents—process
- 46.4(521A) Plan of reorganization
- 46.5(521A) Duties of the commissioner
- 46.6(521A) Regulation—compliance
- 46.7(521A) Reorganization of domestic mutual insurer with mutual insurance holding company
- 46.8(521A) Reorganization of foreign mutual insurer with mutual insurance holding company
- 46.9(521A) Mergers of mutual insurance holding companies
- 46.10(521A) Stock offerings
- 46.11(521A) Regulation of holding company system
- 46.12(521A) Reporting of stock ownership and transactions

CHAPTER 47

VALUATION OF LIFE INSURANCE POLICIES

- 47.1(508) Purpose
- 47.2(508) Application
- 47.3(508) Definitions
- 47.4(508) General calculation requirements for basic reserves and premium deficiency reserves
- 47.5(508) Calculation of minimum valuation standard for policies with guaranteed nonlevel gross premiums or guaranteed nonlevel benefits (other than universal life policies)
- 47.6(508) Calculation of minimum valuation standard for flexible premium and fixed premium universal life insurance policies that contain provisions resulting in the ability of a policyowner to keep a policy in force over a secondary guarantee period

VIATICAL AND LIFE SETTLEMENTS

CHAPTER 48

VIATICAL AND LIFE SETTLEMENTS

- 48.1(508E) Purpose and authority
- 48.2(508E) Definitions
- 48.3(508E) License requirements

48.4(508E) Approval of viatical settlement contracts and disclosure statements

- 48.5(508E) Disclosures
- 48.6(508E) Reporting requirements
- 48.7(508E) Privacy
- 48.8(508E) Examination or investigations
- 48.9(508E) Requirements and prohibitions
- 48.10(508E) Advertising for viatical settlements
- 48.11(508E) Fraud prevention and control
- 48.12(508E) Penalties; injunctions; civil remedies; cease and desist
- 48.13(508E) Severability

CHAPTER 49

FINANCIAL INSTRUMENTS USED IN HEDGING TRANSACTIONS

- 49.1(511) Purpose
- 49.2(511) Definitions
- 49.3(511) Guidelines and internal control procedures
- 49.4(511) Documentation requirements
- 49.5(511) Trading requirements

SECURITIES

CHAPTER 50

REGULATION OF SECURITIES OFFERINGS AND THOSE WHO ENGAGE IN THE SECURITIES BUSINESS

- 50.1(502) Broker-dealer applications, updates, and renewals
- 50.2(502) Principals
- 50.3(502) Record-keeping requirements of broker-dealers
- 50.4(502) Minimum financial requirements and financial reporting requirements of broker-dealers
- 50.5 Reserved
- 50.6(261) Denial, suspension or revocation of license for failure to pay debts owed to or collected by the college student aid commission
- 50.7(502) Cost of examination
- 50.8(502) Registration of agents and issuers
- 50.9(502) Dishonest or unethical practices in the securities business
- 50.10(502) Unsolicited order exemption
- 50.11(252J) Denial, suspension or revocation of license for failure to pay child support
- 50.12(502) Rules of conduct
- 50.13(502) Offers on the Internet

50.14(502)	Notice filing procedures for rule 506 offerings	50.80	Reserved
50.15(502)	Investment contract defined	50.81(502)	Brokerage services by national and state banks
50.16(502)	Uniform limited offering exemption	50.82(502)	Broker-dealers having contracts with national and state banks
50.17(502)	Commissions on limited offerings	50.83(502)	Brokerage services by credit unions, savings banks and savings and loan institutions
50.18(502)	Withdrawal of exemptions	50.84(502)	Broker-dealers having contracts with credit unions, savings banks and savings institutions
50.19(502)	Annual report to shareholders	50.85(502)	Filing requirements for agricultural cooperative associations
50.20(502)	Annual reports filed with the administrator	50.86 to 50.89	Reserved
50.21(502)	Continuing education requirements	50.90(502)	World class foreign issuer exemption
50.22(502)	Registration for small corporate offerings	50.91(502)	Solicitations of interest prior to the filing of the registration statement
50.23(502)	Form of financial statements	50.92(502)	Streamlined registration for certain equity securities
50.24(502)	Consent to service	50.93(502)	Manual or electronically available information exemption
50.25(502)	Advertising	50.94(502)	Electronic filing with designated entity
50.26(502)	Trust indenture requirements	50.95(502)	Application for investment adviser representative registration
50.27(502)	Delivery of prospectus	50.96(502)	Investment adviser applications and renewals
50.28(502)	Amendments to registration	50.97(502)	Notice filing requirements for federal covered advisers
50.29(502)	Filing in coordination	50.98(502)	Transition schedule for conversion to the CRD/IARD
50.30(502)	Reports for qualification	50.99(502)	Withdrawal of investment adviser registration
50.31 and 50.32	Reserved	50.100(502)	Definition of investment adviser representative of a federal covered adviser
50.33(502)	Limited registration of Canadian broker-dealers and agents	50.101(502)	Investment adviser disclosure statement
50.34(502)	Agent exclusion	50.102	Reserved
50.35(502)	Internet advertising by broker-dealers, investment advisers, broker-dealer agents, and investment adviser representatives	50.103(502)	Cash solicitation
50.36 to 50.42	Reserved	50.104(502)	Unethical business practices of investment advisers, and investment adviser representatives, or fraudulent or deceptive conduct by federal covered advisers
50.43(502)	Fraudulent practices	50.105(502)	Custody of client funds or securities
50.44(502)	Rescission offers	50.106(502)	Minimum financial requirements for investment advisers
50.45(502)	Definition of offer	50.107(502)	Bonding requirements for certain investment advisers
50.46(502)	Institutional buyer exemption		
50.47(502)	National Securities Exchange—exemption		
50.48(502)	Multijurisdictional disclosure system		
50.49	Reserved		
50.50(502)	Registration and renewals of open-end management investment companies, unit investment trusts and face amount certificate companies		
50.51(502)	Notice filings for offerings of investment company securities		
50.52 and 50.53	Reserved		
50.54(502)	Rankings or ratings of direct participation programs		
50.55 and 50.56	Reserved		
50.57(502)	NASAA guidelines		
	REAL ESTATE PROGRAM		
50.58 to 50.78	Reserved		
50.79(502)	Act defined		

- 50.108(502) Record-keeping requirements for investment advisers
- 50.109(502) Examination requirements
- 50.110 to 50.119 Reserved

VIATICAL SETTLEMENT CONTRACTS

- 50.120(502) Advertising of viatical settlement contracts
- 50.121(502) Application by viatical contract issuers and registration of agents to sell viatical settlement contracts
- 50.122(502) Risk disclosure
- 50.123(502) Duty to disclose

CHAPTERS 51 to 53

Reserved

CHAPTER 54

RESIDENTIAL SERVICE CONTRACTS

- 54.1(523C) Purpose
- 54.2(523C) Definitions
- 54.3(523C) Title
- 54.4(523C) Scope
- 54.5(523C) Application of insurance laws
- 54.6(523C) Exemptions
- 54.7 to 54.9 Reserved
- 54.10(523C) Administration
- 54.11(523C) Misrepresentations of government approval
- 54.12(523C) Public access to hearings
- 54.13(523C) Public access to records
- 54.14(523C) Procedure for public complaints
- 54.15(523C) Fees
- 54.16(523C) Forms
- 54.17 to 54.19 Reserved
- 54.20(523C) Service company licenses
- 54.21(523C) Suspension or revocation of license
- 54.22(523C) Licenses not transferable
- 54.23 to 54.29 Reserved
- 54.30(523C) Forms of contracts
- 54.31 to 54.39 Reserved
- 54.40(523C) Cessation of business—records
- 54.41(523C) Records
- 54.42(523C) Annual reports
- 54.43 to 54.49 Reserved
- 54.50(523C) Prohibited acts or practices
- 54.51(523C) Orders
- 54.52(523C) Investigations and subpoenas
- 54.53(523C) Audits

CHAPTER 55

IOWA BUSINESS OPPORTUNITY SALES ACT

- 55.1(523B) Definitions and interpretations
- 55.2(523B) Jurisdictional authority

- 55.3(523B) Registration application procedure
- 55.4(523B) Exemption application procedure
- 55.5(523B) Surety bond, trust account or letter of credit
- 55.6(523B) Orders
- 55.7(523B) Investigations and subpoenas
- 55.8(523B) Forms
- 55.9(523B) Fees

CHAPTER 56

WORKERS' COMPENSATION GROUP

SELF-INSURANCE

- 56.1(87,505) General provisions
- 56.2(87,505) Definitions
- 56.3(87,505) Requirements for self-insurance
- 56.4 Reserved
- 56.5(87,505) Excess insurance
- 56.6(87,505) Rates and reporting of rates
- 56.7(87,505) Special provisions
- 56.8(87,505) Certificate of approval; termination
- 56.9(87,505) Examinations
- 56.10(87,505) Board of trustees—membership, powers, duties, and prohibitions
- 56.11(87,505) Association membership; termination; liability
- 56.12(87,505) Requirements of sales agents
- 56.13(87,505) Requirements for continued approval
- 56.14(87,505) Misrepresentation prohibited
- 56.15(87,505) Investments
- 56.16(87,505) Refunds
- 56.17(87,505) Premium payment; reserves
- 56.18(87,505) Deficits and insolvencies
- 56.19(87,505) Grounds for nonrenewal or revocation of a certificate of relief from insurance
- 56.20(87,505) Hearing and appeal
- 56.21(87,505) Existing approved self-insurers
- 56.22(87,505) Severability clause

CHAPTER 57

WORKERS' COMPENSATION SELF-INSURANCE FOR INDIVIDUAL EMPLOYERS

- 57.1(87,505) General provisions
- 57.2(87,505) Definitions
- 57.3(87,505) Requirements for self-insurance
- 57.4(87,505) Additional security requirements
- 57.5(87,505) Application for an individual self-insurer
- 57.6 Reserved
- 57.7(87,505) Excess insurance
- 57.8(87,505) Insolvency
- 57.9(87,505) Renewals
- 57.10(87,505) Periodic examination

- 57.11(87,505) Grounds for nonrenewal or revocation of a certificate of relief from insurance
- 57.12(87,505) Hearing and appeal
- 57.13(87,505) Existing approved self-insurers
- 57.14(87,505) Severability clause

CHAPTER 58

THIRD-PARTY ADMINISTRATORS

- 58.1(510) Purpose
- 58.2(510) Definitions
- 58.3(510) Application
- 58.4(510) Application by corporation, association or benefit society
- 58.5(510) Surety bond
- 58.6(510) Waiver procedure
- 58.7(510) Change of information
- 58.8(510) Inquiry by commissioner
- 58.9(510) Renewal procedure
- 58.10(510) Periodic examination
- 58.11(510) Grounds for denial, nonrenewal, suspension or revocation of certificate
- 58.12(510) Hearing and appeal
- 58.13(510) Severability clause

CHAPTERS 59 to 69

Reserved

MANAGED HEALTH CARE

CHAPTER 70

UTILIZATION REVIEW

- 70.1(505,514F) Purpose
- 70.2(505,514F) Definitions
- 70.3(505,514F) Application
- 70.4(505,514F) Standards
- 70.5(505,514F) Retroactive application
- 70.6(505,514F) Variances allowed
- 70.7(505,514F) Confidentiality
- 70.8(76GA,ch1202) Utilization review of postdelivery benefits and care
- 70.9(505,507B,514F) Enforcement

HEALTH BENEFIT PLANS

CHAPTER 71

SMALL GROUP HEALTH BENEFIT PLANS

- 71.1(513B) Purpose
- 71.2(513B) Definitions
- 71.3(513B) Applicability and scope
- 71.4(513B) Establishment of classes of business

- 71.5(513B) Transition for assumptions of business from another carrier
- 71.6(513B) Restrictions relating to premium rates
- 71.7(513B) Requirement to insure entire groups
- 71.8(513B) Case characteristics
- 71.9(513B) Application to reenter state
- 71.10(513B) Creditable coverage
- 71.11(513B) Rules related to fair marketing
- 71.12(513B) Status of carriers as small employer carriers
- 71.13(513B) Restoration of coverage
- 71.14(513B) Basic health plan and standard health plan policy forms
- 71.15(513B) Methods of counting creditable coverage
- 71.16(513B) Certificates of creditable coverage
- 71.17(513B) Notification requirements
- 71.18(513B) Special enrollments
- 71.19(513B) Disclosure requirements
- 71.20(514C) Treatment options
- 71.21(514C) Emergency services
- 71.22(514C) Provider access
- 71.23(513B) Reconstructive surgery
- 71.24(514C) Contraceptive coverage

CHAPTER 72

LONG-TERM CARE ASSET PRESERVATION PROGRAM

- 72.1(249G) Purpose
- 72.2(249G) Applicability and scope
- 72.3(249G) Definitions
- 72.4(249G) Qualification of long-term care insurance policies and certificates
- 72.5(249G) Standards for marketing
- 72.6(249G) Minimum benefit standards for qualifying policies and certificates
- 72.7(249G) Required policy and certificate provisions
- 72.8(249G) Prohibited provisions in certified policies or certificates
- 72.9(249G) Reporting requirements
- 72.10(249G) Maintaining auditing information
- 72.11(249G) Reporting on asset protection
- 72.12(249G) Preparing a service summary
- 72.13(249G) Plan of action
- 72.14(249G) Auditing and correcting deficiencies in issuer record keeping
- 72.15(249G) Separability

**CHAPTER 73
HEALTH INSURANCE
PURCHASING COOPERATIVES**

- 73.1(75GA,ch158) Purpose
- 73.2(75GA,ch158) Applicability and scope
- 73.3(75GA,ch158) Definitions
- 73.4(75GA,ch158) Division duties—
application—filing
requirements—
license—audits and
examinations
- 73.5(75GA,ch158) Fidelity bond—letter of
credit
- 73.6(75GA,ch158) Annual report
- 73.7(75GA,ch158) Business plan
- 73.8(75GA,ch158) Participants
- 73.9(75GA,ch158) Health insurance purchasing
cooperative—product
offerings—exemptions
- 73.10(75GA,ch158) Insurance risk
- 73.11(75GA,ch158) Rates
- 73.12(75GA,ch158) Election—disclosure and
confidentiality
- 73.13(75GA,ch158) Structure—merger and
consolidation
- 73.14(75GA,ch158) Conflict of interest
- 73.15(75GA,ch158) Nondiscrimination and
retaliatory protections
- 73.16(75GA,ch158) Annual health insurance
or health care benefits
plan selection
- 73.17(75GA,ch158) License subject to
conditions—waivers
- 73.18(75GA,ch158) Procedures
- 73.19(75GA,ch158) Data collection—quality
evaluation
- 73.20(75GA,ch158) Examination—costs
- 73.21(75GA,ch158) Trade practices
- 73.22(75GA,ch158) Grounds for denial,
nonrenewal,
suspension or
revocation of
certificate
- 73.23(75GA,ch158) Hearing and appeal
- 73.24(75GA,ch158) Solvency

**CHAPTER 74
HEALTH CARE ACCESS**

- 74.1(505) Purpose
- 74.2(505) Applicability and scope
- 74.3(505) Definitions
- 74.4(505) Access to health care or health
insurance for an employee
- 74.5(505) Employer participation
- 74.6(505) Violation of chapter

**CHAPTER 75
IOWA INDIVIDUAL
HEALTH BENEFIT PLANS**

- 75.1(513C) Purpose
- 75.2(513C) Definitions
- 75.3(513C) Applicability and scope
- 75.4(513C) Establishment of blocks of
business
- 75.5(513C) Transition for assumptions of
business from another carrier
or ODS
- 75.6(513C) Restrictions relating to premium
rates
- 75.7(513C) Availability of coverage
- 75.8(513C) Disclosure of information
- 75.9(513C) Standards to ensure fair
marketing
- 75.10(513C) Basic health benefit plan and
standard health benefit plan
policy forms
- 75.11(513C) Maternity benefit rider
- 75.12(513C) Disclosure requirements
- 75.13(514C) Treatment options
- 75.14(514C) Emergency services
- 75.15(514C) Provider access
- 75.16(514C) Diabetic coverage
- 75.17(513C) Reconstructive surgery
- 75.18(514C) Contraceptive coverage

**CHAPTER 76
EXTERNAL REVIEW**

- 76.1(514J) Purpose
- 76.2(514J) Applicable law
- 76.3(514J) Notice of coverage decision and
content
- 76.4(514J) External review request
- 76.5(514J) Certification process
- 76.6(514J) Expedited review
- 76.7(514J) Decision notification
- 76.8(514J) Carrier information
- 76.9(514J) Certification of independent
review entity

**CHAPTER 77
MULTIPLE EMPLOYER WELFARE
ARRANGEMENTS**

- 77.1(507A) Certificate of registration
- 77.2(507A) Application for certificate of
registration
- 77.3(507A) Financial requirements
- 77.4(507A) Policy or contract
- 77.5(507A) Disclosure
- 77.6(507A) Filing fee

- 77.7(507A) Agreements and management contracts
- 77.8(507A) Examination
- 77.9(507A) Trade practices
- 77.10(507A) Insolvency
- 77.11(507A) Suspension or revocation of certificate

CHAPTER 78

UNIFORM PRESCRIPTION DRUG INFORMATION CARD

- 78.1(514L) Purpose
- 78.2(514L) Definitions
- 78.3(514L) Implementation

CHAPTER 79

Reserved

INSURANCE COVERAGE FOR PEDIATRIC PREVENTIVE SERVICES

CHAPTER 80

WELL-CHILD CARE

- 80.1(505,514H) Purpose
- 80.2(505,514H) Applicability and scope
- 80.3(505,514H) Effective date
- 80.4(505,514H) Policy definitions
- 80.5(505,514H) Benefit plan

CHAPTER 81

POSTDELIVERY BENEFITS AND CARE

- 81.1(76GA,ch1202) Purpose
- 81.2(76GA,ch1202) Applicability and scope
- 81.3(76GA,ch1202) Postdelivery benefits

CHAPTERS 82 to 89

Reserved

CHAPTER 90

FINANCIAL AND HEALTH INFORMATION REGULATION

- 90.1(505) Purpose and scope
- 90.2(505) Definitions

DIVISION I

RULES FOR FINANCIAL INFORMATION

- 90.3(505) Initial privacy notice to consumers required
- 90.4(505) Annual privacy notice to customers required
- 90.5(505) Information to be included in privacy notices
- 90.6(505) Form of opt-out notice to consumers and opt-out methods
- 90.7(505) Revised privacy notices

- 90.8(505) Delivery of notice
- 90.9(505) Limits on disclosure of nonpublic personal financial information to nonaffiliated third parties
- 90.10(505) Limits on redisclosure and reuse of nonpublic personal financial information
- 90.11(505) Limits on sharing account number information for marketing purposes
- 90.12(505) Exception to opt-out requirements for disclosure of nonpublic personal financial information for service providers and joint marketing
- 90.13(505) Exceptions to notice and opt-out requirements for disclosure of nonpublic personal financial information for processing and servicing transactions
- 90.14(505) Other exceptions to notice and opt-out requirements for disclosure of nonpublic personal financial information
- 90.15(505) Notice through a Web site
- 90.16(505) Licensee exception to notice requirement

DIVISION II

RULES FOR HEALTH INFORMATION

- 90.17(505) Disclosure of nonpublic personal health information
- 90.18(505) Authorizations
- 90.19(505) Delivery of authorization request
- 90.20(505) Relationship to federal rules
- 90.21(505) Relationship to state laws
- 90.22(505) Protection of Fair Credit Reporting Act
- 90.23(505) Nondiscrimination
- 90.24(505) Severability
- 90.25(505) Penalties
- 90.26(505) Effective dates
- 90.27 to 90.36 Reserved

DIVISION III

SAFEGUARDING CUSTOMER INFORMATION

- 90.37(505) Information security program
- 90.38(505) Examples of methods of development and implementation
- 90.39(505) Penalties
- 90.40(505) Effective date